Mosquito Vectors of Human Disease in South Africa

To the Editor: With reference to the very informative article by PG Jupp on mosquitoes as vectors of human disease in South Africa, I would like to comment as follows: I own a farm in the region concerned and found the article very informative. The author gave the vector and symptoms of each disease but failed to name the therapy or the drugs involved in treatment of these unknown diseases. I realise that he is not a doctor, but seeing the excellent way in which he listed all the symptoms he could have gotten help from a colleague with this. It would enhance the quality of his paper tremendously and fulfil its CPD aim completely. I hope that he will do that as a letter later and am looking forward to read it.

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Response: Disease caused by West Nile and Sindbis viruses is usually mild in South Africa and is dealt with by palliative and symptomatic supportive treatment. In the case of Rift Valley fever (RVF), a safe vaccine is available for humans but not commercially so, one should consult the National Institute for Communicable Diseases to obtain it but supplies are unavailable at present. An injection with this formalin-inactivated vaccine at days 0, 7, and 28 provide neutralizing antibodies in most recipients and is the way to protect persons at risk from becoming infected such as farm, abattoir and veterinary workers. Infection of RVF, once it has occurred, is usually mild but in the rare cases where it is more serious leading to haemorrhagic fever possible treatment would be the use of convalescent plasma or the antiviral drug ribavirin.

Treatment for acute chikungunya primarily is supportive care. The arthritis that may follow infection has responded to chloroquine to some extent.

Peter Jupp


Letters to the Editor

Dumo Baqwa Award For Community Oriented Family Medicine

The Award is dedicated to the memory of Prof. Dumo Baqwa, who died in 2002, and was Professor of Primary Health Care at the University of Cape Town. He always emphasized the importance for family medicine to be orientated towards the development of the health of local communities. The award is aimed at senior family medicine post graduate students writing about community oriented primary care (COPC).

In 2004 the award was given to Dr. Bernhard Gaede for inter-sectoral HIV AIDS work in Okhahlamba, KwaZulu Natal.

The 2005 award goes to Dr. Shabir Moosa for work done while developing district based family medicine in Gauteng. Looking at the challenge of COPC in an urban setting and reporting on significant stories from the past he challenges family physicians to take up a crucial role in the development of the district health system (DHS). This award will be presented to Dr. Moosa at the 10th ANNUAL RURAL HEALTH CONFERENCE, Empangeni, KwaZulu-Natal 10, 11 August 2006.

The award is supported by the VLIR-project “Own initiatives”. EI-SEL 2003-14. This project made a major contribution in the last 3 years towards the development of family medicine in South Africa.

In light of the many challenges for family medicine in Sub Saharan Africa, it was decided that the 2006 award be awarded to the best article published in SAFP during 2005. The following criteria will be considered in the assessment:

1. Relevance to Sub Saharan Africa
2. Community Orientation
3. Contribution to equity in health care
4. Original work
5. Scientific rigour

The plan is for 2 awards from 2007; one for the best published article in SAFP and the other one for the best manuscript submitted by a registrar in family medicine in one of the participating countries. The detail of the awards will be decided in the new VLIR “Own Initiatives” project: Development of training in family medicine/primary health care in Southern and Eastern Africa: a contribution to the realisation of quality and equitable healthcare through a South-South Network. (ZEIN2006PR320). This project is aimed at developing family medicine in several east and southern African countries.

Shabir Moosa